

Appendix 1 Summary Descriptions of Research Studies for HIV/AIDS Prevention Planning supported by the Massachusetts Prevention Planning Group (MPPG) and the HIV/AIDS Bureau

The HIV/AIDS Bureau, through funding from the CDC Cooperative Agreement, supports research activities to conduct needs assessments, behavioral research studies, and program evaluations in order to improve the quality and effectiveness of HIV prevention programs in Massachusetts.

In the past, the MPPG has explored the risk behaviors of injection drug users, young men who have sex with men, transgenders, and homeless men and women. In addition, the MPPG has conducted extensive program evaluations on the HAB's HIV Counseling and Testing services as well as women's group intervention programs.

Appendix 1 includes summaries of all of the research projects conducted since 1995 by the four research contractors (Abt Associates, Boston University School of Public Health, Fenway Health Organization, and John Snow, Inc.) These summaries are organized in alphabetical order by research contractor and by the date of the study.

To request the final written reports or additional information on these research projects, please contact:

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Abt Associates

(1) Linking HIV with other STDs in the minds of providers: Findings from a training needs assessment (October 2001)

Chris Smith

The purpose of this survey was to assess the degree to which Sexually Transmitted Diseases (STDs) other than HIV/AIDS were discussed with counseling and testing clients. 261 HIV/AIDS Prevention and Education and Counseling and Testing providers responded to questionnaires about their knowledge, training, and treatment referrals for other STDs. The researchers found that MDPH STD training needed to be expanded to all providers especially those in the Central and Metro Boston regions of the state. In addition, the STD division needs to work with DPH agencies to regularly provide STD risk assessments and treatment referrals both within group settings and on an individual basis.

(2) Harm Reduction Peer Intervention for Young Injection Drug Users (March 2000)

Chris Smith and Stacia Langenbahn

This study evaluated Tapestry Health System's Harm Reduction Services (HRS) combined with a peer driven intervention model, which engages young Injection Drug Users (IDUs) in reducing their risk for acquiring HIV. Based upon in-depth interviews with program staff and participants, the researchers came to several conclusions about effective outreach and treatment programs for young IDUs. The researchers felt that treatment for young IDUs needed to have a peer driven approach to harm reduction. Because the social network approach of peer driven interventions was shown to be especially well suited to less urban areas, these services should be expanded in Western Massachusetts and other rural locations. In addition, needle exchange and other HRS should be located in urban areas that are in close proximity to drug using setting and are accessible to IDU communities. Finally, young IDUs should have treatment-on-demand as well as methadone detox services readily available to increase their motivation to seek treatment.

(3) HIV Prevention in Local Ethnic Communities in Massachusetts (September 1997)

Tricia Harmon and Chris Smith

The objective of this study was to elicit input from HIV/AIDS prevention providers in the Asian/Pacific Islander, American Indian, Portuguese speaking, and Haitian communities regarding ways to create effective HIV prevention programs within these communities. The researchers found that several recurrent themes emerged across these populations. Providers recommended that HIV services be

targeted at specific populations within these communities. In addition, the study participants felt that there should be an increase in interagency communication, coordination, and cooperation among and HIV/AIDS prevention providers within and between these communities. Furthermore, there was a recommendation for knowledgeable and culturally competent providers to effectively educate these communities about HIV/AIDS and other STDs. Regarding future research and quality control, the providers advocated for the development of in-house resources to help small community agencies document HIV/AIDS prevalence, incidence and effectiveness of various programs.

(4) Young Men Who Have Sex with Men (YMSM): A Study of their HIV risk behavior (July 1997)

Chris Smith and Stacia Langenbahn

The purpose of this study was to assess the YMSM population regarding a number of characteristics as well as their risk in contracting HIV/AIDS. In Phase I of the study, Abt distributed self-administered questionnaires to 267 young MSMs, which focused on lifetime sexual history, sexual behavior, self-identification as an MSM, alcohol and substance abuse, and HIV counseling and testing. In Phase II, Abt held focus groups with 24 YMSMs and interviewed 12 YMSMs about their thoughts on prevention modes and messages. The researchers found three significant factors among YMSMs that were associated with an increased risk of contracting HIV/AIDS. These included; having past experiences of sexual coercion, having sex with both female and male partners, and meeting partners in anonymous locations. Because of these risks, researchers recommended that there should be an expansion of funding for prevention programs specifically targeted at the YMSM population with an emphasis on YMSMs of color.

Boston University School of Public Health (BUSPH)

(1) Safety Net Project: Safety Net Fieldwork Report and Summary of Findings (Phase I, April 1998, Phase II-ongoing)

Hortensia Amaro, Ph.D. and Anita Raj, Ph.D.

The purpose of Phase I was to describe how Safety Net was functioning in practice and to inform the development of a standardized model and curriculum for future programming. In 1999, BUSPH embarked on Phase II of this study and assessed whether a gender specific and culturally appropriate (empowerment model) HIV prevention program is more effective than a general health program or no intervention in increasing HIV risk reduction among Latinas. The researchers concluded that psychoeducational general health programs appear to be as effective as more intensive empowerment-based HIV prevention programs in reducing Latinas risk for HIV. However, the intervention was more effective in promoting safer sex negotiation, possibly due to greater focus on partner factors. The comparison group was more effective in promoting HIV

testing, possibly due to close proximity to an HIV counseling and testing site. It was recommended that future programs for Latinas, and by extension all women of color, be culture and gender-tailored, address partner issues, and be tied to HIV counseling and testing sites.

(2) Clients Presenting for HIV Counseling and Testing at MDPH-Funded Agencies (June 1998)

Hortensia Amaro, Ph.D.

This study was designed to examine the service utilization elements of HIV counseling and testing services and to identify any predictors of behavior change among all clients seeking these services as well as frequent repeat testers (FRTs)—those using HIV Counseling and Testing services (C&T) four times or more between 1993-1997. After performing an extensive survey with 672 participants among 13 C&T sites as well as in-depth interviews with FRTs, the researchers found three statistically significant HIV risk related behavior changes after a C&T session. Participants having vaginal sex and Men who have sex with Men (MSMs) engaging in anal sex decreased the number of sexual partners they had. Participants reporting injection drug use (IDU) increased the use of their own works and/or increased the use of bleached shared needles. Finally, participants increased the number of support services they accessed. Many recommendations were made for the improvement of C&T services. Chief among these was need to develop community-wide strategies for groups at high risk for HIV infection such as FRTs, which include IDUs, MSMs, and partners of HIV+ people.

Fenway Community Health Center

(1) The Prevalence of HIV Infection Among Gay and Bisexual Men with Reported Syphilis and Gonorrhea at Fenway Community Health (November 2000)

Dr. Kenneth Mayer, Louise Rice, Wilson Lo, Dan Cohen and Ted MacGovern

This study was undertaken in order to provide information regarding the prevalence and behavioral factors associated with HIV infection among MSMs in the Boston area. Among the 90 study participants, 22% were found to be HIV positive. While the HIV+ and HIV- participants shared similar demographic characteristics, HIV- patients more frequently reported having multiple sexual partners and unprotected sex than HIV+ patients. The high seroprevalence rate reaffirms the strong association between STD and HIV infections, particularly in the MSM population. As a result, the researchers recommended that policy makers develop culturally appropriate messages that address issues faced by MSMs, which include: alcohol and drug use, use of the Internet to meet new sexual partners, increase in sex parties, perceived safety of oral sex, and perception that HIV is a manageable disease. In addition, the researchers felt that medical providers should be trained to ask patients questions regarding their sexual behaviors, knowledge of STDs, and attitudes toward practicing safer sex.

*(2) HIV Prevention for HIV Infected Females in MA: A Needs Assessment
(January 2000)*

Allison Cohn and Tracey Rogers

The purpose of this needs assessment was to identify the unique prevention needs of HIV infected women in Massachusetts and to give providers information to develop programs that prevent the spread of the virus and also meet the needs of HIV+ women. These women felt that providers need to develop a system, which combined HIV prevention education and services with substance abuse treatment services in the same location for "one-stop shopping." In addition, these women recommended that providers improve upon adherence monitoring with HIV medications and create better support systems for disclosure. Finally, these women felt that providers needed more advanced skills training in order to better educate HIV+ women on risk reduction, safer sex, and substance use; to address HIV+ women's prevention concerns; and to assist in making appropriate referrals to health and support services.

(3) HIV Prevention for Infected Males in MA: A Needs Assessment (January 1999)

Dan Church and William Johnson

The purpose of this needs assessment was to identify the needs of HIV infected men in Massachusetts and to give providers information to develop programs that serve men living with HIV/AIDS. Many observations and recommendations came out of the in-depth focus group discussions with 70 HIV positive men across the commonwealth. These men recommended that HIV prevention programs be available in a single setting (one-stop shopping model) with other related programs including: medical referrals, transportation, translation services, job training, drug and alcohol counseling, housing and legal information. Furthermore, these programs should use a combination of group, one-on-one and peer based counseling, and should provide information on co-infection and re-infection along with HIV prevention. In addition, many of the men interviewed felt that prisoners and those leaving prison needed HIV-related services and education. Finally, these men felt that more studies were needed to explore the risk behaviors, beliefs, and services for HIV infected men.

John Snow, Inc. (JSI)

(1) HIV Prevalence among a Select Group of Injection Drug Users (IDUs) in New Bedford, MA (March 2000)

Stewart Landers and Gary Fallas

The purpose of this study was to gather current HIV seroprevalence information on out-of-treatment IDUs in the New Bedford community in order to establish HIV

prevention priorities and interventions on this high-risk population. Among the 167 study participants, 29% were found to be HIV positive. The rate of infection was slightly higher for women (33%) than for men (26%), but it was not statistically significant. Because of the high infection rate and the fact that all of the study participants had injected drugs, there were few drug using or sexual behavioral factors associated with infection among this population. The researchers found three factors to be significant in predicting HIV infection among this population. First, individuals indicating full employment were less likely to be infected than those who were unemployed or employed part-time. Second, non-whites were more likely to be infected than whites. Finally, individuals who had not previously been tested for HIV were more likely to be infected than those who had a previous HIV test, indicating the importance of targeted HIV testing.

(3) HIV Prevalence among Young Boston area Men who Have Sex with Men
(*September 1997*)

Stewart Landers, Laurie Kunches, and Gary Fallas

The purpose of this study was to gather current HIV seroprevalence information on young men who have sex with men (YMSMs) in the Boston community in order to establish HIV prevention priorities and interventions on this high-risk population. Of the 147 study participants, 4% tested positive for HIV infection. All of these HIV positive individuals said that they had been tested before, although only four self-reported at HIV positive. The only behavioral correlate to HIV infection was number of sexual partners. Among YMSMs, a higher number of sexual partners in the past 12 months (>10) was positively correlated with HIV infection. Furthermore, higher rates of infection (though not statistically stable due to small numbers) were found among transgender and community of color participants, indicating a need for increased study in these groups.

(2) HIV Prevalence among Guests in Worcester Homeless Shelters
(*March 1996*)

Stewart Landers and Laurie Kunches

The purpose of this study was to gather current HIV seroprevalence information on homeless adults in the Worcester community in order to establish HIV prevention priorities and interventions on this high-risk population. Of the 176 study participants at the two shelters in Worcester, 6% were found to be HIV positive. Furthermore, the HIV rates were correlated with injection drug use. Among the overall study population, 31% of participants had used injection drugs since 1977 and 22% had used injection drugs in the last six months. People who had injected drugs in within the past 20 years accounted for 73% of the HIV infections.

We would like to acknowledge the contributions of the Massachusetts Prevention Planning Group in the development and implementation of these research studies.